



## Food Establishment Plan Review Application

Meets the Michigan Food Law requirement for a transmittal letter to be submitted with the plans.

Establishment Name: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Establishment Phone: \_\_\_\_\_

Location Information: Between \_\_\_\_\_ & \_\_\_\_\_ street

Prior Establishment Name: \_\_\_\_\_

<b>Owner</b> Name _____ Address _____ City, State _____ Zip _____ Phone # _____ Fax # _____ E-Mail _____	<b>Food Service Equipment Supply Co.</b> Name _____ Address _____ City, State _____ Zip _____ Phone # _____ Fax # _____ E-Mail _____
<b>Architect</b> Name _____ Address _____ City, State _____ Zip _____ Phone # _____ Fax # _____ E-Mail _____	<b>General Contractor</b> Name _____ Address _____ City, State _____ Zip _____ Phone # _____ Fax # _____ E-Mail _____

Which of the above will serve as the primary contact? \_\_\_\_\_

Which of the above should all correspondence be mailed to? \_\_\_\_\_

Proposed construction start date: \_\_\_\_\_ Proposed opening date: \_\_\_\_\_

For reviewing agency use only:

Fee \$: \_\_\_\_\_

Date: \_\_\_\_\_

Plan Review #: \_\_\_\_\_

Check #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Remarks: \_\_\_\_\_

[www.michigan.gov/mda](http://www.michigan.gov/mda), keyword: Industry

## General Information

**Hours of Operation:** \_\_\_\_\_

**Seating Capacity (include bar):** \_\_\_\_\_ **Facility Size (square feet):** \_\_\_\_\_

**Minimum staff per shift:** \_\_\_\_\_ **Maximum staff per shift:** \_\_\_\_\_

**These plans are for a:**    ☐ New establishment    **What describes the establishment better?**  
                                  ☐ Remodeling            ☐ On-site Preparation  
                                  ☐ Conversion            ☐ Serving Site

**Will part of the operation be outdoors (bar, dining, storage, cooking, etc.)?    ☐ Yes ☐ No**

**If yes, explain:** \_\_\_\_\_

**Type of Operation (check all that apply)**

### A. Restaurant Related

<input type="checkbox"/> Sit down meals	<input type="checkbox"/> Commissary	<input type="checkbox"/> Buffet or salad bar
<input type="checkbox"/> Counter	<input type="checkbox"/> Church	<input type="checkbox"/> Tableside / display cooking
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Take out menu	<input type="checkbox"/> Hospital
<input type="checkbox"/> Fast food	<input type="checkbox"/> Catering	<input type="checkbox"/> Bottling alcoholic beverages
<input type="checkbox"/> Bar with food prep	<input type="checkbox"/> Mobile vendor	<input type="checkbox"/> Special transitory food unit

### B. Grocery Related

<input type="checkbox"/> Grocery store	<input type="checkbox"/> Produce processing	<input type="checkbox"/> Wholesale foods
<input type="checkbox"/> Fresh Meat	<input type="checkbox"/> Smoked fish	<input type="checkbox"/> Repackage / processor of:
<input type="checkbox"/> Seafood / fish	<input type="checkbox"/> Bakery	<input type="checkbox"/> _____
<input type="checkbox"/> Deli	<input type="checkbox"/> Commissary	<input type="checkbox"/> Water bottling
<input type="checkbox"/> Ice production / packaging	<input type="checkbox"/> Self-service bulk items	<input type="checkbox"/> Bottling alcoholic beverages
<input type="checkbox"/> Produce	<input type="checkbox"/> Self-service baked goods	

**Please summarize the proposed project.**

[illegible]

I certify that the plan review application package submitted is accurate to the best of my knowledge.

Signature of owner or representative \_\_\_\_\_ Date \_\_\_\_\_

Please print name and title here \_\_\_\_\_